

110TH CONGRESS
1ST SESSION

S. 322

To establish an Indian youth telemental health demonstration project.

IN THE SENATE OF THE UNITED STATES

JANUARY 17, 2007

Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. MCCAIN, Mr. CONRAD, Mr. BINGAMAN, Mr. BAUCUS, Mr. SMITH, and Mr. INOUE) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

A BILL

To establish an Indian youth telemental health demonstration project.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indian Youth Tele-
5 mental Health Demonstration Project Act of 2007”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress finds that—

8 (1) suicide for Indians and Alaska Natives is
9 2½ times higher than the national average and the
10 highest for all ethnic groups in the United States, at

1 a rate of more than 16 per 100,000 males of all age
2 groups, and 27.9 per 100,000 for males aged 15
3 through 24, according to data for 2002;

4 (2) according to national data for 2004, suicide
5 was the second-leading cause of death for Indians
6 and Alaska Natives of both sexes aged 10 through
7 34;

8 (3) the suicide rates of Indian and Alaska Na-
9 tive males aged 15 through 24 are nearly 4 times
10 greater than suicide rates of Indian and Alaska Na-
11 tive females of that age group;

12 (4)(A) 90 percent of all teens who die by sui-
13 cide suffer from a diagnosable mental illness at the
14 time of death; and

15 (B) more than $\frac{1}{2}$ of the people who commit
16 suicide in Indian Country have never been seen by
17 a mental health provider;

18 (5) death rates for Indians and Alaska Natives
19 are statistically underestimated;

20 (6) suicide clustering in Indian Country affects
21 entire tribal communities; and

22 (7) since 2003, the Indian Health Service has
23 carried out a National Suicide Prevention Initiative
24 to work with Service, tribal, and urban Indian health
25 programs.

1 (b) PURPOSE.—The purpose of this Act is to author-
 2 ize the Secretary to carry out a demonstration project to
 3 test the use of telemental health services in suicide preven-
 4 tion, intervention, and treatment of Indian youth, includ-
 5 ing through—

6 (1) the use of psychotherapy, psychiatric assess-
 7 ments, diagnostic interviews, therapies for mental
 8 health conditions predisposing to suicide, and alcohol
 9 and substance abuse treatment;

10 (2) the provision of clinical expertise to, con-
 11 sultation services with, and medical advice and train-
 12 ing for frontline health care providers working with
 13 Indian youth;

14 (3) training and related support for community
 15 leaders, family members and health and education
 16 workers who work with Indian youth;

17 (4) the development of culturally-relevant edu-
 18 cational materials on suicide; and

19 (5) data collection and reporting.

20 **SEC. 3. DEFINITIONS.**

21 In this Act:

22 (1) DEMONSTRATION PROJECT.—The term
 23 “demonstration project” means the Indian youth
 24 telemental health demonstration project authorized
 25 under section 4(a).

1 (2) DEPARTMENT.—The term “Department”
2 means the Department of Health and Human Serv-
3 ices.

4 (3) INDIAN.—The term “Indian” means any in-
5 dividual who is a member of an Indian tribe or is
6 eligible for health services under the Indian Health
7 Care Improvement Act (25 U.S.C. 1601 et seq.).

8 (4) INDIAN TRIBE.—The term “Indian tribe”
9 has the meaning given the term in section 4 of the
10 Indian Self-Determination and Education Assistance
11 Act (25 U.S.C. 450b).

12 (5) SECRETARY.—The term “Secretary” means
13 the Secretary of Health and Human Services.

14 (6) SERVICE.—The term “Service” means the
15 Indian Health Service.

16 (7) TELEMENTAL HEALTH.—The term “tele-
17 mental health” means the use of electronic informa-
18 tion and telecommunications technologies to support
19 long distance mental health care, patient and profes-
20 sional-related education, public health, and health
21 administration.

22 (8) TRIBAL ORGANIZATION.—The term “tribal
23 organization” has the meaning given the term in
24 section 4 of the Indian Self-Determination and Edu-
25 cation Assistance Act (25 U.S.C. 450b).

1 **SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRA-**
2 **TION PROJECT.**

3 (a) AUTHORIZATION.—

4 (1) IN GENERAL.—The Secretary is authorized
5 to carry out a demonstration project to award grants
6 for the provision of telemental health services to In-
7 dian youth who—

8 (A) have expressed suicidal ideas;

9 (B) have attempted suicide; or

10 (C) have mental health conditions that in-
11 crease or could increase the risk of suicide.

12 (2) ELIGIBILITY FOR GRANTS.—Grants de-
13 scribed in paragraph (1) shall be awarded to Indian
14 tribes and tribal organizations that operate 1 or
15 more facilities—

16 (A) located in Alaska and part of the Alas-
17 ka Federal Health Care Access Network;

18 (B) reporting active clinical telehealth ca-
19 pabilities; or

20 (C) offering school-based telemental health
21 services relating to psychiatry to Indian youth.

22 (3) GRANT PERIOD.—The Secretary shall
23 award grants under this section for a period of up
24 to 4 years.

25 (4) MAXIMUM NUMBER OF GRANTS.—Not more
26 than 5 grants shall be provided under paragraph

(1), with priority consideration given to Indian tribes and tribal organizations that—

(A) serve a particular community or geographic area in which there is a demonstrated need to address Indian youth suicide;

(B) enter into collaborative partnerships with Service or other tribal health programs or facilities to provide services under this demonstration project;

(C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or

(D) operate a detention facility at which Indian youth are detained.

(b) USE OF FUNDS.—

(1) IN GENERAL.—An Indian tribe or tribal organization shall use a grant received under subsection (a) for the following purposes:

(A) To provide telemental health services to Indian youth, including the provision of—

(i) psychotherapy;

(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and

1 (iii) alcohol and substance abuse
2 treatment.

3 (B) To provide clinician-interactive medical
4 advice, guidance and training, assistance in di-
5 agnosis and interpretation, crisis counseling and
6 intervention, and related assistance to Service
7 or tribal clinicians and health services providers
8 working with youth being served under the
9 demonstration project.

10 (C) To assist, educate, and train commu-
11 nity leaders, health education professionals and
12 paraprofessionals, tribal outreach workers, and
13 family members who work with the youth re-
14 ceiving telemental health services under the
15 demonstration project, including with identifica-
16 tion of suicidal tendencies, crisis intervention
17 and suicide prevention, emergency skill develop-
18 ment, and building and expanding networks
19 among those individuals and with State and
20 local health services providers.

21 (D) To develop and distribute culturally-
22 appropriate community educational materials
23 on—

24 (i) suicide prevention;

25 (ii) suicide education;

- 1 (iii) suicide screening;
- 2 (iv) suicide intervention; and
- 3 (v) ways to mobilize communities with
- 4 respect to the identification of risk factors
- 5 for suicide.

6 (E) To conduct data collection and report-
 7 ing relating to Indian youth suicide prevention
 8 efforts.

9 (2) TRADITIONAL HEALTH CARE PRACTICES.—

10 In carrying out the purposes described in paragraph
 11 (1), an Indian tribe or tribal organization may use
 12 and promote the traditional health care practices of
 13 the Indian tribes of the youth to be served.

14 (c) APPLICATIONS.—To be eligible to receive a grant
 15 under subsection (a), an Indian tribe or tribal organization
 16 shall prepare and submit to the Secretary an application,
 17 at such time, in such manner, and containing such infor-
 18 mation as the Secretary may require, including—

19 (1) a description of the project that the Indian
 20 tribe or tribal organization will carry out using the
 21 funds provided under the grant;

22 (2) a description of the manner in which the
 23 project funded under the grant would—

1 (A) meet the telemental health care needs
2 of the Indian youth population to be served by
3 the project; or

4 (B) improve the access of the Indian youth
5 population to be served to suicide prevention
6 and treatment services;

7 (3) evidence of support for the project from the
8 local community to be served by the project;

9 (4) a description of how the families and leader-
10 ship of the communities or populations to be served
11 by the project would be involved in the development
12 and ongoing operations of the project;

13 (5) a plan to involve the tribal community of
14 the youth who are provided services by the project
15 in planning and evaluating the mental health care
16 and suicide prevention efforts provided, in order to
17 ensure the integration of community, clinical, envi-
18 ronmental, and cultural components of the treat-
19 ment; and

20 (6) a plan for sustaining the project after Fed-
21 eral assistance for the demonstration project has ter-
22 minated.

23 (d) COLLABORATION.—The Secretary, acting
24 through the Service, shall encourage Indian tribes and
25 tribal organizations receiving grants under this section to

1 collaborate to enable comparisons about best practices
2 across projects.

3 (e) ANNUAL REPORT.—Each grant recipient shall
4 submit to the Secretary an annual report that—

5 (1) describes the number of telemental health
6 services provided; and

7 (2) includes any other information that the Sec-
8 retary may require.

9 (f) REPORT TO CONGRESS.—Not later than 270 days
10 after the date of termination of the demonstration project,
11 the Secretary shall submit to the Committee on Indian Af-
12 fairs of the Senate and the Committee on Resources and
13 the Committee on Energy and Commerce of the House
14 of Representatives a final report that—

15 (1) describes the results of the projects funded
16 by grants awarded under this section, including any
17 data available that indicate the number of attempted
18 suicides;

19 (2) evaluates the impact of the telemental
20 health services funded by the grants in reducing the
21 number of completed suicides among Indian youth;

22 (3) evaluates whether the demonstration project
23 should be—

24 (A) expanded to provide more than 5
25 grants; and

1 (B) designated a permanent program; and

2 (4) evaluates the benefits of expanding the
3 demonstration project to include urban Indian orga-
4 nizations.

5 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
6 authorized to be appropriated to carry out this section
7 \$1,500,000 for each of fiscal years 2008 through 2011.

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